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Bib Data Sheet

CONFIRMATION NO. 9591

<b>SERIAL NUMBER</b> 10/810,653	<b>FILING OR 371(c) DATE</b> 03/29/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> EIS-SCHWARTZ=2B
<b>APPLICANTS</b> Michal Eisenbach-Schwartz, Rehovot, ISRAEL; Ehud Hauben, Rehovot, ISRAEL; Irun R. Cohen, Rehovot, ISRAEL; Pierre Beserman, Kibbutz Chafetz Chalm, ISRAEL; Alon Monsonego, Rehovot, ISRAEL; Gila Moalem, Pitah-Tiyra, ISRAEL;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/893,348 06/28/2001 ABN which is a CIP of 09/314,161 05/19/1999 ABN which is a CIP of PCT/US98/14715 07/21/1998 and is a CIP of 09/218,277 12/22/1998 ABN				
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL IL 124550 05/19/1998				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/09/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 30	<b>TOTAL CLAIMS</b> 16
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 1444				
<b>TITLE</b> METHOD FOR REDUCING NEURONAL DEGENERATION SO AS TO AMELIORATE THE EFFECTS OF INJURY OR DISEASE				
<b>FILING FEE RECEIVED</b> 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	